

## **Alaska Tuberculosis Program**

9210 Vanguard Dr Ste 102A, Anchorage, AK 99507 Phone (907)341-2207 Fax (907) 341-2249

## PPD ORDER FORM

Туре	e of Facility (Check on	e):  Public Health C	enter School Dis	trict Private Clinic/Dr. Office
		☐Hospital ☐Lon	g Term Care Facility	/ □Assisted Living Facility
Name	and Title of Licens			
Name	of Designated Fac	cility Contact*:		
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**Note:** Each vial contains 1mL (10 tests x 0.1mL each)

Please fax completed form to (907) 341-2249

**Expiration Date:**